

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

726-011
FILING DATE: 11/11/01
APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				51							
2				1			52							
3				1			53							
4				1			54							
5			1				55							
6				1			56							
7				1			57							
8				1			58							
9			2		2		59							
10			2		2		60							
11			2		2		61							
12			2		2		62							
13			1	1			63							
14			2		1		64							
15			2		2		65							
16			2		2		66							
17			1		2		67							
18				1			68							
19			1		1		69							
20			2		2		70							
21			1		2		71							
22			1	1			72							
23			1		1		73							
24			2		2		74							
25			1		2		75							
26			1		2		76							
27			1		1		77							
28			1		1		78							
29				1			79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6		6				TOTAL IND.							
TOTAL DEP.	33		36				TOTAL DEP.							
TOTAL CLAIMS	39		41				TOTAL CLAIMS							

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